

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
09/526 317		
APPLICANT(S)		

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		2					55					
6		1					56					
7		①					57					
8		①					58					
9		①					59					
10		①					60					
11		①					61					
12		④					62					
13		①					63					
14		④					64					
15		①					65					
16		①					66					
17		①					67					
18		⑤					68					
19		⑤					69					
20		④					70					
21		④					71					
22	1						72					
23	1						73					
24	2						74					
25	①						75					
26	①						76					
27	①						77					
28	④						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2											
TOTAL DEP.	30											
TOTAL CLAIMS	32											